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Application or Docket Number

Effective December 29, 1999 O9/668, 785														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE OF			OR	OTHER THAN	
FOR		NUMBER FILED			NUMBER EXTRA			RATE		FEE		RATE	FEE	
BASIC FEE									4		345.00	OR	新沙 斯	690.00
TOTAL CLAIMS			C minus 20=			• 34			X\$ 9=			OR	X\$18=	(4K
INDEPENDENT CLAIMS			G minus 3 =			: 4			X39=		· ·	OR	X78=	168
ML	MULTIPLE DEPENDENT CLAIM PRESENT								+130=	1			+260=	V •
	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	_	×	OR OR	TOTAL	<u> १६ २८</u>
9/2104 CLAIMS AS AMENDED - PART II										- [JOA	OTHER	THAN
<u> </u>	QL.		umn 1) AIMS	The south and the real		Colúmn 2)	(Column 3)		SMAL	LE	NTITY	OR	SMALL	
AMENDMENT A		REM Af	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		·	OR	+260=	
	1/21/20)	Ele	2				e.	TOTA	- 11		OR	TOTAL ADDIT. FEE	
·	PORTE THOUGHAST		umn 1)	Warrien (Naze)		Column 2) HIGHEST	(Column 3)	۔						
AMENDMENT B		REM AF	AINING TER IDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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								L	TOTA			OR	TOTAL ADDIT. FEE	
·			umn 1)			Column 2)	(Column 3)	•				,	ADDIT. FEC	
AMENDMENT C		REM AF	AIMS : AINING TER IDMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	••		=		X\$ 9=			OR	X\$18=	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										╬				
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+130= TOT/	JL_		OR	+260=	
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE														
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
SO D	4 PTO-875							_					_	

PTO/SB/22 (08-03)
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PENTION FOR EXTENSION	N OF TIME UNDER C	FR 1.136(a)	Docket Number (Optional) WEAT/0042									
	In re Application of : James Longbottom et al.											
	Application Number: 09	/668,785	Filed: September 22, 2000									
	For: METHODS AND APPARATUS FOR INTERACTIVE COMMUNICATION WITH SERVICE AND SUPPORT PERSONS											
	Art Unit: 3626 Examiner: Vanel Frenel											
This is a request under the provision application.	ns of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified											
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):												
One month (37 CFF	R 1.17(a)(1))		\$ <u>.00</u>									
Two months (37 CF)	R 1.17(a)(2))		\$ <u>420.00</u>									
☐ Three months (37 C	CFR 1.17(a)(3))		\$ <u>.00</u>									
Four months (37 Cl	FR 1.17(a)(4))		\$00									
Five months (37 CF	R 1.17(a)(5))		\$ <u>.00</u> .									
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$00												
☐ A check in the amount of the fee is enclosed.												
Payment by credit card. Form PTO-2038 is attached.												
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.												
☑ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20/0782/WEAT/0042/WBP.												
I have enclosed a duplicate	e copy of this sheet.											
I am the applic	ant/inventor.											
	nee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).											
attorn at	gistration Number 3	<u>34,102</u>										
attorney or agent under 37 CFR 1.34(a).												
Registration number if acting under 37 CFR 1.34(a)												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.												
August 30, 200	4	alke	BY WHAT									
Date		0.000	Signature									
(713) 623-484	4	Willia	am B. Patterson									
Telephone Num		Typed	or Printed Name									
Note: Signatures of the inventors or assignees or signature is required, see below.	of record at the entire intrest at their	☆	ed, Submit multiple forms if more than one									
▼ Total of 1 form is submitted.		396		: ;								

This c TO SUITLIAN CONTRACTOR NOT THE SUIT OF SUITLIAN CONTRACTOR OF SUITLI to process) an application. Confidentiality is governed by 35 U.S.C 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon on the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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